

Open Enrollment 2008

Choices That Matter

Answers to frequently asked questions

Q: I can't afford any increase in premiums for health insurance plans. What alternatives do I have for providing healthcare for my family?

A: *The State offers two health plans with low premiums. The High Deductible Health Plans (HDHP) offer 100 percent coverage for preventive services and if you establish a Health Savings Account (HSA) with the HDHP, the State will contribute money toward your deductible.*

Q: What is my out-of-pocket maximum?

A: *Out-of-pocket expenses are all those expenses you pay yourself. They include deductibles and any co-insurance or co-pays. Once you spend the 'maximum' for your plan, you move to 100 percent coverage. Out-of-pocket maximums for each plan are:*

HDHP 1: \$4,000 single; \$8,000 family

HDHP 2: \$2,400 single; \$4,800 family

Traditional II: \$2,000 per enrollee; \$4,000 family

Welborn: \$2,000 per person; \$4,000 family

Q: If my spouse smokes but I don't, is my family still eligible for the tobacco incentive?

A: *Yes, the Non-Tobacco Use Incentive is based on your pledge, as a State employee, to remain tobacco free.*

Q: What are the differences between the HDHP 1 and HDHP 2 plans?

A: *HDHP 1 has no employee premium. HDHP 2 has a small employee premium. However, the maximum out-of-pockets and the deductibles are higher with the HDHP 1.*

Q: In addition to the bi-weekly payroll contributions to my HSA, can I also deposit money into the account?

A: *Yes, up to the federal maximum (employee and employer combined) of \$2,900 for a single plan and \$5,800 for a family plan.*

Q: Are preventive care costs covered under any of the insurance plans?

A: *Yes, preventive care is covered 100 percent under the HDHP 1 and HDHP 2. Traditional II and Welborn have a flat co-pay, depending on the service.*

Q: Can I still use my flexible spending account (FSA) in conjunction with my HSA?

A: *Yes, but your FSA is limited-use, meaning that you can use it for dental and vision and expenses.*

Q: Do prescriptions contribute to my out-of-pocket maximum with the HDHP?

A: *Yes, prescriptions do accumulate toward your out-of-pocket maximum with the HDHPs.*

Q: What if I choose an HDHP and have a catastrophic event in January 2008? How do I pay for that?

A: *As with any unexpected cost, you may want to establish a payment plan with the provider or pay the expense with a credit card and then reimburse yourself from your HSA, when there is sufficient money in the account..*

Q: What is the discounted/negotiated rate and is it the same for all physicians or hospitals?

A: *The discounted or negotiated rate is the fee for service the physician or facility has agreed to accept as payment in full from an insurance company. For example, a hospital billed the patient \$1,023 for an emergency room visit, but Anthem's negotiated fee is \$622. The patient will owe the hospital \$622 and the hospital will accept that as payment in full. The negotiated rate varies by provider and is only applicable to in-network providers.*

Q: If I haven't changed any of my information, do I have to do anything?

A: *Yes, if you are participating in the FSA or making additional contributions to your HSA, you will need to re-enroll and elect a new contribution, even if it is the same as last year. Also, in order to receive the non-tobacco use incentive you must access PeopleSoft and agree to remain tobacco free in 2008. Regardless, it is always a good idea to access PeopleSoft and verify that all of your information and elections are accurate, including coverage for your over-age dependents who are full-time students.*

Q: Where can I get information on rates and plans?

A: *Rates, benefit plan descriptions and benefit summaries are posted on SPD's website at www.in.gov/jobs/benefits.*

Q: What if I don't have computer access?

A: *You can access the internet and PeopleSoft at your local library or your agency may have terminals available to you during the Open Enrollment period.*

Q: Who do I call if I have questions?

A: *If you need your PeopleSoft ID or PeopleSoft password, contact the IOT help desk at 317-234-HELP (4357). If you have questions about Benefits, call the Benefits Hotline at 317-232-1167 within the Indianapolis area or 1-877-248-0007 toll free outside Indianapolis. Your agency's human resource office will also be able to assist you.*

Q: When do the new rates take effect? And when will the deductions show up on my pay stub?

A: *The new rates will take effect Jan. 1, 2008. Some deductions, like your health premiums, will begin on the Dec. 19 and Dec. 26 pay dates. The premiums will be pro-rated on the first check. Other deductions, like FSAs and HSAs, will not appear until your first pay date in January.*

Q: If I change plans, do I have to notify my doctor(s)?

A: *No, you do not need to contact your physician to make a plan change, but you will need to present your new plan ID at your next visit after January 1, so billings can be submitted correctly.*

Q: Is the state going to give us another option in place of M-Plan?

A: *The State will not replace M-Plan for the 2008 calendar year.*

Q: What happens if I don't select a plan?

A: *If you are currently enrolled in M-Plan or TRICARE Companion and you do not select a new plan, you will have no health insurance coverage for 2008. If you are in Anthem HDHP 1, HDHP 2, or Traditional II, your coverage will continue if you do not select a new plan.*

Q: I signed up last year for the tobacco incentive; do I need to do it again, since I never have smoked?

A: *Yes, last year you pledged to be tobacco free in 2007. This year during Open Enrollment, you must agree to be tobacco free in 2008 to receive the incentive.*

Q: When do I call the benefits hotline and when do I call the insurance company?

A: *Call the Benefits Hotline when you have any questions about Benefits. A Benefit Specialist will direct you to contact the insurance company directly if your question is specific to the benefit plan. For example, if you want to know if your prescription for XYZ drug is a tier 2 or tier 3 drug, you should call the insurance company.*

Q: How will employees receive notice about the Open Enrollment period and all its options?

A: *Employees will receive an Open Enrollment communication on or before the Oct. 17 and Oct. 24 pay dates. All information will also be posted on-line at www.in.gov/jobs/benefits.*

Q: If I had a qualifying event this past year, but missed the deadline to make the change on my health plan, can I change it during Open Enrollment? If so, when will it take affect?

A: *Yes, Open Enrollment is the time to make changes to your plans and your dependents. Changes to your health, dental, vision, FSAs and HSAs will be effective Jan. 1, 2008. Changes to your life insurance will be effective Jan. 6 (B payroll) or Jan. 13 (A payroll), or in accordance with your pay, after evidence of insurability and has been submitted and your change has been approved by American United Life.*

Q: Can I change plans during the year if I decide that I don't like what I've selected?

A: *Unfortunately no, the plan you choose during Open Enrollment will be your plan until you experience a qualifying event that allows you to drop coverage or until the next open enrollment period.*

Q: What are the changes to the dental plan? Is it still the same provider, Delta Dental? Or is it someone else?

A: *Delta Dental will still provide dental benefits for the State. The preventive benefit has increased to 100 percent and other benefits have increased as well. Check the full plan description online to review the entire dental plan or see the article in the September issue of The Torch.*

Q: How do I sign up for benefits? Do I have to go online to do it and can I sign up from home?

A: *To sign up for benefits, log-in to PeopleSoft using your User ID and password from any computer with internet access during the Open Enrollment period. You will then navigate through Open Enrollment to make new elections, change current elections or just verify your information. The Web address is www.in.gov/jobs/benefits*